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COUNCIL FOR CHILDREN WITH BEHAVIORAL DISORDERS NEWSLETTER.

BY- PETERSON, JUNE

COUNCIL FOR EXCEPTIONAL CHILDREN, WASHINGTON, D.C.

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THIS ISSUE INCLUDES PROFESSIONAL NEWS, CONVENTION AND WORKSHOP PROGRAMS, AND SIX REVIEWS OF RECENTLY PUBLISHED MATERIAL. ARTICLES DESCRIBING PROGRAMS IN A VARIETY OF SETTINGS IN AND OUT OF THE U.S.A. FOR CHILDREN WITH BEHAVIOR DISORDERS ARE--(1) "AN APPROACH TO THE THERAPEUTIC EDUCATION OF EMOTIONALLY DISTURBED ADOLESCENTS," BY STEPHEN T. HERCZEG, (2) "NO PLACE LIKE HOME," BY FRANCIS A. ENOS, (3) "A PARISH CHURCH COPES WITH EMOTIONAL AND BEHAVIORAL DISORDERS," BY REV. W. W. RIESBERRY, (4) "DAY CARE CENTER FOR SEVERELY DISTURBED CHILDREN," BY MARGARET J. SHODELL, (5) "PROBLEMS AND PROBLEM SOLVING IN AN AGENCY SCHOOL PROGRAM," BY PIETERTJE ROMBOUT, (6) "SPECIAL PROGRAMS IN TORONTO PUBLIC SCHOOLS," BY JOAN E. BOWERS, AND (7) "A GENERIC PROGRAM FOR TRAINING RESOURCE CONSULTANTS," BY GEORGE FARGO. THIS IS THE NEWSLETTER OF THE COUNCIL FOR CHILDREN WITH BEHAVIORAL DISORDERS, VOLUME 4, NO 2, JANUARY, 1967. (JW)

NEWSLETTER

VOLUME 4, NUMBER 2

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

JANUARY, 1967

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A MESSAGE FROM THE PRESIDENT OF CCBD

Frank B. Wilderson, Jr.

GREETINGS: This year has been one of great growth for the Council for Children with Behavioral Disorders. The organization has been at work on a variety of tasks designed to reap large payoffs in terms of service to children with behavior disorders. At the 1966 national convention in Toronto, and at an early year executive committee meeting before that, a number of programs were suggested by officers and members for implementation by this vital and vigorous group. I am pleased to report that all these programs are operational and are moving along at a pace. I'd like to mention a few of them.

The "Regional Development Project" is currently being chaired by Mrs. Linda Seppanen and Mr. George Von Hilsheimer. These regional development organizers have been busily at work dividing the country into meaningful sections, locating CCBD members in those sections, getting out to key members lists of other members located in that region, and inviting their participation in making CCBD and its programs better known and understood. The regional chairmen have been requested to work through existing state and regional organizations having an interest in and a program for seriously emotionally disturbed and other behavior disordered youngsters.

CCBD is extending to such organizations (a) full organizational membership which will entitle them to a professional affiliation with this national group, (b) the receipt of quantities of CCBD newsletters for distribution to their membership, (c) a tie-in with our Speakers Bureau, and (d) admission to all CCBD regional and national convention meetings. Voting privileges are extended to the offices of those organizations which meet with CCBD membership requirements.

It is the intent of CCBD to organize for effective action in the areas of professional development, legislation, and service to children through our involvement in such state and regional organizations, and to encourage these same organizations to use the CCBD organizational structure for more unified action on a national and international level.

Kris Juul has been inundated with requests from interested CCBD members and others for participation on his Speakers Bureau. This promises to be one of the real big contributions of this organization to the up-dating and up-grading of professional personnel working in the service of behavior disordered children.

In addition to the work that June Peterson has been doing as treasurer of CCBD, she has also handled quite effectively the large publication chore that she has been carrying for the division for two years. In addition to the Newsletter publication, June is getting together material for our 1966-67 Yearbook. June has been very instrumental in fielding questions and inquiries from members and from the field in general, and acting as a communications expert in keeping members of the executive committee up-to-date on the various facets of the division. (continued on page 3).

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COUNCIL FOR CHILDREN WITH BEHAVIORAL DISORDERS

CCBD OFFICERS — 1966-67

President
Past President
President Elect
Vice President
Treasurer
Secretary
Members-at-Large

Frank B. Wilderson, Jr.
William C. Rhodes
Kristen D. Juul
Peter Knoblock
June Peterson
Margaret Otto
F. E. McGahn
Linda Seppanen

CCBD COMMITTEE CHAIRMEN — 1966-67

Membership
Legislation
Program (CEC Convention)
Program (CCBD Convention)
Program (Local Arrangements)
Regional Development

Nominations
Election
Publications
Speakers Bureau

Ethel Leach
John F. Mesinger
Kristen D. Juul
Peter Knoblock
Eleanore T. Kenney
Linda Seppanen
George Von Hilsheimer
John F. Mesinger
Stephen T. Herczeg
June Peterson
Kristen D. Juul

NEWSLETTER EDITOR

June Peterson
9236 Renton Avenue South
Seattle, Washington 98118

CCBD STATEMENT OF PURPOSES

The policy statement of CCBD includes the following six purposes:

1. Support the development of adequate services for children with behavioral disorders.
2. Establish communications between local, state and university programs.
3. Promote adequate programs for teacher recruitment, training and certification.
4. Promote educational research in the area of behavioral disorders.
5. Support legislation for services for these children.
6. Stimulate the exchange of ideas between professionals concerned with the problems of these children through publications, seminars, and the annual convention.

A Message from the President of CCBD (Continued from page one)

Our nominations and elections committeemen have assured us of a broad representation in terms of their committee assignments. Dr. Mesinger and Mr. Herczeg, respectively, chair these committees and should be commended for their work.

The national parent body (CEC) is organizing a seminar for membership chairmen of the various divisions. I have no doubt that our membership chairman will be a key person at that meeting and, with a wealth of experience to draw upon, will be able to offer suggestions and assistance to the other division membership people.

In summary, a large number of members of this organization have been working throughout the year to strengthen the basic fabric of the organization (membership, regional development, publications, new officers) so as to create a base from which effective programming might continue to spring in this year, and in the years to come.

And while we are on the subject of effective programming, note the following: the CCBD division program chairman and co-chairman have put together an amazing array of talent and topics for the 1967 meeting in St. Louis, Missouri. Dr. Kristen Juul has a very interesting main convention program and Dr. Peter Knoblock has assured us of both regional and national scope in his very exciting two-day division pre-convention program. I look forward to seeing as many of you as can possibly arrange to be there.

Frank B. Wilderson, Jr.
Associate Professor
Special Education
University of Minnesota
Minneapolis, Minnesota

CONVENTION TIME, ST. LOUIS - 1967

Annual Convention Program Outlined

An interesting program featuring instructional-demonstration visits to local facilities for disturbed children has been planned by Eleanore T. Kenney, local program chairman, and Peter Knoblock, CCBD vice president. The convention will be held in St. Louis, Missouri, two days preceding the annual CEC convention - March 26-28, 1967.

Others on the local arrangements program include members of the St. Louis CCBD Executive Committee: Grace Hedden, President, Eleanore T. Kenney, Phoebe Mayfield, Ollis R. Jones, Grace Rohlfs, Norman Fortner, Martha Hildon, Matt Sullivan, Geraldine Friedman, Gloria Gilbert, Mildred Bestor, and Bob Yancy. The program they have outlined is as follows:

March 26

8:30 p. m. Executive Committee Meeting

March 27

8:00 - 9:00 a. m. Registration
9:00 - 10:00 a. m. General Session
10:00 - 12:30 p. m. Instructional-Demonstration Visits to Local Facilities

- 2:00 - 4:00 p.m. Panel Presentations:
 I. Theme: Creative Programming for Children with Behavioral Disorders
 II. Theme: The "Behaviorally Disturbed-Disadvantaged" Child
 5:45 p.m. Cocktails
 6:30 p.m. Banquet

March 28

- 8:00 a.m. Registration
 8:30 - 11:00 a.m. Instructional-Demonstration Visits to Local Facilities
 11:00 - 12:30 p.m. Business session (election)
 2:00 - 3:30 p.m. Panel Presentations:
 III. Theme: Preschool Diagnostic and Early Intervention Programs
 IV. Theme: Programming for Adolescents
 V. Theme: Group Adjustment Approaches
 3:30 - 4:30 p.m. General Session (President's Message)

Additional details will be included in the March issue of the Newsletter.

Eight Sessions for CEC Convention

An effort to bring new faces, fresh research, novel ideas, and possibly conflicting viewpoints has been successfully filed with the CEC program chairman by Kris Juul, CCBBD President Elect. His was the responsibility for the CEC program sessions in the area of behavior disorders. He reports an eagerness to cooperate and participate by all who are heading sessions. The names of all participants will be reported in the March Newsletter. At this time the names and times of the sessions, as well as the chairmen, are reported:

Wednesday, March 29

- 2:00 p.m. "Operant Conditioning Techniques in Classrooms for Emotionally Disturbed Children."
 Chairman: Dr. Frank B. Wilderson
 2:00 p.m. "Research Reports: Emotionally Disturbed."
 Chairman: Dr. William Rhodes

Thursday, March 30

- 10:30 a.m. "Utilizing Cognitive-Motor Approaches with Learning and Adjustment Problems."
 Chairman: Dr. Eli Z. Rubin
 2:00 p.m. "Different Behavior Approaches to Child Therapy."
 Chairman: Dr. Alexander Van West
 2:00 p.m. "School Social Work-Practice, Change and Challenge."
 Chairman: Mr. Lawrence F. Merl
 2:00 p.m. "Research Frontiers on Culturally Deprived Children."
 Chairman: Dr. Romaine Mackie

Friday, March 31

- 10:30 a. m. "Canadian Contributions to the Treatment of Children with Behavior Disorders."
Chairman: Mr. John Brown
- 2:00 p. m. "Progress in the Rehabilitation of the Socially Maladjusted."
Chairman: Dr. James M. Crowner

Saturday, April 1

- 9:00 - 12:00 a. m. "Behavior Disorders"
Speaker: Dr. Esther Rothman

The convention will be held in St. Louis, Missouri, March 29 - April 1, 1967.

**AN APPROACH TO THE THERAPEUTIC EDUCATION
OF EMOTIONALLY DISTURBED ADOLESCENTS**

Stephen T. Herczeg

In order to develop a logical and rational portrayal of class goals for the emotionally disturbed adolescent in a residential treatment setting, a description of the predominant characteristics of this group is necessary. The development of a specific psycho-educational group should be founded upon the individual educational and treatment goals of each student in relation to the specific purpose of that group, instead of a classical orientation towards homogeneous grade level placement. Each group developed would have certain characteristics that make it unique and distinct from other existing groups.

The following is a description of the development of a group that was established to prepare the students for re-entry into public school. The ability of each student to exhibit appropriate classroom behavior, to work independently, to complete assignments readily, and to perform academically at a level commensurate with his peers in the community was strongly emphasized and reinforced through appropriate individualized methods. This therapeutic educational program should be reflective of Secondary Processes as they relate to ego development. The students in this group presented the following characteristics:

1. The class had a co-educational grouping of six racially integrated adolescents ranging in age from 17 to 13 years.
2. The estimated innate intelligence was average or above (I. Q. 90-135).
3. The grade placements for these students when in public school would be inclusive of grades eight through eleven.
4. The actual classroom functioning in most subject areas was depressed by at least two years and in some cases as much as four years.
5. Foundational skills and knowledge among the group members was sporadic and inconsistent; therefore, the subject matter to be taught was to be individualized in accordance with skills previously acquired and the student's present level of functioning.

6. Each student was aware that he was in the process of being evaluated as a possible candidate for re-entry into a public school.
7. An academic area which was depressed was approached through a tangential academic area in which the student was more proficient. The resultant was increased motivation and a development of a healthier self concept. (An example of this would be the acquisition of grammatical skills through the reading of poetry, which had been a favorite endeavor for one student.)
8. Continual academic and social demands were placed upon these students to help raise their thresholds for stress and to test out their ability to internally control their impulses of hostilely striking out, verbally and/or physically in response to these increased pressures. As the development of the ego progressed, the students advanced to the stage where they could consistently maintain these necessary internal controls.
9. Increased proficiency of academic skills was a primary concern. Individual emotional supportive measures needed for maintenance of a student with the group were measures which encouraged the cohesiveness and integrity of the group, thus providing the students with realistic experiences comparable to those that would be encountered in a public school setting.

The environmental stresses placed upon these students originated in two areas: (1) the residential society, and (2) the community. The impact of being removed from a familial setting and being placed in an institutional setting has a residual effect upon the student that remains even after the termination of treatment and re-entry into the community. The characteristics of the group's society cannot be simply or appropriately defined since each individual within the group is a resident of a separate environmental setting. The societal characteristics, therefore, are described in relation to this particular constellation of adolescents.

I. Community Characteristics

- A. The economic status of the student's families ranged from ADC recipients to those who had incomes up to nine thousand dollars per year.
- B. The family constellation lacked stability and frequently was matriarchial in nature. The male was just a transient inconsistent figure unsuitable for an adolescent as a person with whom he could identify.
- C. The educational background of the parents was usually less than eight grades.
- D. The students were usually hostile or uncontrollable elements within the family.
- E. Parental figures were inconsistent, many times immobilized by the behavior manifested by the children.

II. Residential Characteristics

- A. The children and adolescents while in residence were protected from the adult population by segregated programming.
- B. The youngsters had little privacy of possessions or for themselves. They slept in dormitories and ate in large groups. The only storage facility they had were metal lockers.

- C. The adult staff members in many cases became the mother and father surrogates.

The description of the group and the environmental influence impinging upon the group members should lead to the development of goals and objectives that can be realized by the students. The characteristics of this specific group and description of pertinent environmental influences led to the development of these general goals or objectives.

1. Effecting an integration of ego functions leading to self realization.
 - a. ability to understand one's self, limitations as well as assets.
 - b. utilization of appropriate ways to channelize feelings.
 - c. utilization of appropriate controls.
2. Ability to understand one's surroundings in accordance with reality.
 - a. utilization of assets to cope with the environment.
 - b. developing knowledge of community resources.
 - c. utilization of community resources to increase self esteem.
3. Development of intellectual potentiality and skills leading to increased self direction.
 - a. acquisition of skills in using resource materials.
 - b. utilization of resource material to clearly define problems and to answer questions.
 - c. utilization of knowledge, resource materials, and assets to articulate one's needs.

The initial learning experiences chosen for this class paralleled the classical tasks provided by public schools and were conservative in nature. However, a mutation resulted and the learning experience that actually transpired was very different from the original experience anticipated. Very early in the formation of this group it became evident that all learning experiences and tasks were contingent upon group or individual needs. The formulation of learning activities in relation to subject matter and its organization can only be hypothetical because environmental stresses and/or personal crises continuously affected the direction of subject matter covered by the group. Although group cohesiveness and functioning were considered to be of prime importance, the needs of each student within the group had to be recognized and tolerated by the other group members. This recognition and toleration of individual aberrant functioning as defined by the group leads to the generation of supportive measures for the individual who was unable to meet group standards. In this manner acceptance of each group member by other group members was maintained.

Following the process of descriptive analysis and the development of goals, the teacher translates this material into actual learning experiences within the scope of the curriculum. The theoretical formulations, although necessary, are meaningless unless the teacher can use them to establish a functional classroom program. The implementation of an operational program is exemplified in the development of the following unit. The unit taught dealt with the structure of the human body, the cell, and the basis of life. Its development, sequencing of

learning activities, and application to the group described exemplified the group needs. A description of the learning activities and their utilization follows:

- Activity 1.** A discussion of the material to be covered in the unit, *The Cell — The Basis of Life*. The purpose of this group discussion was to assess the student's interest and knowledge. Specific questions would be asked of the group, although the teacher would not acknowledge the accuracy of the responses and would point out that they would find the answers to the questions as they progress. Content from this discussion would be used to plan additional assignments appropriate to each student.
- Activity 2.** The construction of a unit workbook. All individuals were required to complete this task. Specific directions were given regarding the content expected: daily assignments, word lists, drawings, additional assignments and projects were to be included. The organization of the material was the responsibility of each student and reflected the student's ability to handle prolonged tasks, reflected some degree of integration, and afforded each student an opportunity to be creative in the construction of the book.
- Activity 3.** The schematic drawing of individual types of cells (blood, muscles, nerve, etc.) with reference to anatomical location, cell function, and structure of each cell part (nucleus, cytoplasm, cell wall, etc.). The drawings were used to assess the student's perception of relationships between objects, of his ability to reproduce the cell completely, of his hand-eye coordination, and of the quality of the task in relation to inferred ability.
- Activity 4.** The reading of several texts of various levels to elucidate the characteristics, function, and importance of the specific cells. This activity was used to foster silent and oral reading development as well as to provide the student with additional material concerning the content of the unit. The level and quality of intellectual functioning was reflected in this task as was the student's percept of self concept.
- Activity 5.** The use of reference materials (texts, encyclopedias, etc.) to increase the student's knowledge in utilizing outside resource materials and also to encourage independence rather than the continual reliance upon the teacher as the source of information. The student's sophistication in the use of resource material was easily gauged as was his comfortableness in handling a variety of information to arrive at an answer.
- Activity 6.** The answering of assigned questions for review in relation to the application of principles pertinent to the subject matter being taught through written assignments. The quantity and quality of the written tasks, organization of thoughts, the need for direction and the student's ability to express himself was evaluated through this activity.
- Activity 7.** Inclusion of films and field trips related to material contained in the unit. This activity was used to introduce the group to experiences outside of the hospital and to maximize their participation and self direction. The group film activities were interspersed in the unit when appropriate, while the field trips were developed by the group

members although they generally occurred in the latter portion of the unit.

- Activity 8.** The conclusion of the unit with a formal written test if it was deemed appropriate or necessary. The tests were administered to individuals within the group if this kind of activity could be tolerated by them or if it were necessary to help the individual become comfortable in testing situations.
- Activity 9.** Discussions of any specific problems associated with the content of the material covered both individually and with the group were interspersed between every activity and were usually a daily technique employed to maintain continuity and direction of the group. Discussion provided opportunities to evaluate the student's self concept through comparison of verbal and written tasks, his ability to integrate subject matter, and his ability to use cognitive processes.

These learning activities have been presented in a sequential order of occurrence, but certain deviations transpired which reflected the modus operandi of the teacher. In other words, the philosophy of this particular educational program dictated that the teacher be thoroughly knowledgeable about each student. In this educational program for children it is imperative that each teacher be aware of the developmental and family history as well as the psychological reports on each student. The teacher, an integral member of the psychiatric team, should be cognizant of current psychiatric problems being dealt with by the team and their relationship to the child's development.

In weekly staff meetings and in supervisory sessions with the teacher, psychiatric material pertinent to the student should be assimilated and evaluated. Specific procedures and treatment plans for the student, as interpreted by the team, and placed in the hands of the teacher should be translated into meaningful learning experiences within the education setting leading to the fulfillment of treatment goals. The teacher then is to utilize his or her clinical intuition to either defer a planned task that becomes subordinate to the individual or group needs or to delay the gratification sought by the group until current tasks are completed; in either case the teacher's decision should reflect a provision for further ego development of the students in the group.

The learning activities were organized to provide the teacher with opportunities for:

1. Observation of each student's behavior and assessment of needs.
2. Assessment of each student's knowledge of the subject matter area and the needs of the group.
3. Observation of each student's interrelationships with other group members.
4. Observation of each student's ability to relate to teacher and the manner in which the student relates within the constellation.
5. Assessment of each student's ability to achieve in regard to visual, auditory and/or kinesthetic channels.
6. Evaluation of each student's ability to attend to a task of varied difficulty and length.

The organization of these learning activities were also pertinent to the students by:

1. Permitting each individual to achieve at his own rate within the unit.

2. Encouraging success in the students in completion of tasks.
3. Establishing a variety of groups within the constellation affording each child to relate in a manner in which he was comfortable.

The unit was selected as the method of approach because it afforded the teacher the flexibility to meet the arising needs of the group. This flexibility is possible in units because both planned sequences and specific activities within the sequences can be manipulated. The time interval of the unit can also be modulated to provide the structure and continuity appropriate to this group on any given day. The unit also provides various types of assignments which can be geared to each individual which in turn can be used to create successful experiences and also to foster group participation. Finally, the unit provides far more opportunities for the development of the student in relation to the objectives previously stated.

The organization of activities should coincide with the development of the individual's innate capacities. Acquisition of specific content knowledge is not primary. Self awareness, success and integration of experiences leading to self-realization are foremost, regardless of the subject taught within the learning activities. Completion of one task commensurate with ability must occur prior to the student moving into another task. (Continuity of this unit is reflected in Activities 2, 3, 4, 8, and 9, which lead to the fulfillment of the objective. Refer to pages 8 and 9 for a description of these activities.)

The sequence should be represented by the arrangement of the learning activities. Learning activities should be ordered to foster the utilization of acquired skills allowing the student more success in manipulating the content. Within each activity, provision for increasing the scope of the activity should be found. The functional capacity of the student is the determinant in elaborating upon a set of activities or upon any one task; thereby reflecting continuity necessary to achieve desired goals.

The growth of an individual in reaching the objective and the utilization of principle ideas and knowledge is indicative of integration. Reinforcement of the underlying concepts found in learning activities presented to the student leads to increased ability to apply these concepts in the milieu.

The dominating characteristics of organization for the sample curriculum were:

1. Self direction as found in Activities 2 through 8.
2. Self awareness in relation to self concept as portrayed by Activities 1, 2, 7, 8, and 9.
3. Utilization of assets as indicated by learning Activities 1 through 9.

The organization focuses on the development of the individual and the need for meaningful experiences leading to greater productivity.

The evaluation of the student's progress toward the treatment goal is subjective. Daily observation of the student's behavior with his peers, completion of assignments, perseverance, percepts of himself and adults, relationships with adult figures and the impressions from the psychiatric team provide the teacher with information to be used in assessment of the student's growth. The student should be continuously evaluated by the teacher in relation to observable behavioral changes. Ability to persevere in assigned tasks, degree of self direction, and ability to achieve on assignments are indicative of growth, although comparison of rate of growth is difficult and complicated. Standardized tests confirm growth patterns of some students, but the scores of extremely disturbed students do not represent accurate scores of achievement.

The rationale for employing subjective measures is, therefore, evident. The student, in his relationships with various teachers, manifests behavior in proportion to the degree of his positive or negative transference with any one teacher. Psycho-pathology of the disturbed child, such as characteristics of schizophrenia, withdrawal, inability to integrate ideas, and confusion in thinking, impedes objective evaluation. Consequently, the highest quality of behavior and academic functioning is used as the basic measure of the student's overall growth both emotionally and educationally.

Stephen T. Herczeg
Chief, Special Education Services
Chicago State Hospital

NO PLACE LIKE HOME

Francis A. Enos

That old refrain should be sung "loud and clear" by mental hygiene workers living in the good old USA — that is the vivid impression the writer got from visiting clinics and studying programs in Europe. In most parts of Europe, there is a complete lack of comprehensive services.

One of my informants at the Freie University of Berlin was an American by the name of Goldsmith, an eight-year member of their diagnostic clinic — the Institute of Applied Psychology. While they have some very fancy technical equipment such as closed circuit T. V. and are doing interesting studies in learning; as a clinic, it lacks the team approach — no psychiatrist and no social worker. West Berlin has no municipal clinic for children and the University is about the only place that help of this nature can be obtained.

According to Dr. Goldsmith, there is "no cooperation between the various disciplines" and, as far as he knows, no psychiatrist had ever made a referral to the clinic. I had the opportunity of checking this out from the other side, i. e., psychiatry, when I talked with the chief psychiatrist at the American installation in Berlin. He reported that he did not know even one child psychiatrist in the Berlin area and stated that if there were problems among the children of the American military personnel, they were shipped out of the Berlin area.

Both he and Dr. Goldsmith (as well as other informants) said that there was a completely different attitude on the part of the Europeans toward the emotional problems. They felt that this was something that should be kept within the family, and hence did not want to discuss it outside. There seems to be a generalized negative attitude of the people in Germany toward the application of psychiatry in a broader sense. While they accept psychosis, anything less than that, the people feel should be worked out by themselves.

It appears that the people react differently than they do in the United States to critical personal problems in that they are not willing to go for help. As a result, there are many problems of a psychological nature that are really never dealt with but are handled through the mechanisms of denial and repression with a result that there seems to be a higher proportion of neurotic reactions and much less sociopathy. Goldsmith said that psychologists in private practice would starve to death in Berlin.

Perhaps the most sophisticated program in Europe is the Mental Health Program in the Netherlands. The writer had the opportunity of spending one morning with the Minister of Public Health who, although enthusiastic about their programs, also saw it in a very realistic light. She indicated that there are almost three parallel clinic programs, with each clinic operated on a strictly denominational basis. She termed them the Roman Catholic, the

Protestant, and the "neutral." This same triad is also true of their school system from kindergarten through their university. But in spite of it being sectarian in orientation, the entire programs are supported financially by the Central Government.

The underlying principle of the many, many clinics is that the care of the family member should be provided, as much as possible, by medical and allied personnel of the same denomination as the family. She stated that the same denominational breakdown prevails in other areas as well, such as hospitals, trade unions, and employer organizations. Hence, this means that there is a fantastic duplication of services which provides for considerable competition.

There appears to be complete dichotomy between the school systems and treatment of emotional disturbance. That is, the schools themselves are doing very little compared to schools in the United States. However, family clinics are much more inclusive and their clinic team often consists of a psychiatrist, a specialized social worker, a psychologist, a pastoral worker, general practitioners, gynecologists, and legal advisors. There are 14 nondenominational family clinics, 8 protestant, 10 Roman Catholic, and one Jewish. Fortunately, the country also has a dichotomy in terms of its geographical distribution of the religious groups with the protestants taking the northern half, the Roman Catholics the southern half, and some overlapping in the capitol region.

Some of the larger cities are developing a unique program called "psychiatric first-aid service." This consists of teams of social psychiatrists and nurses that are on call 24 hours a day to respond to acute cases ranging from epileptic seizures to trouble with mentally defectives, to suicides, to depressed or excited behavior. The teams go into the client's home. They feel that much information helpful in evaluation and planning can be obtained in the home itself. If the decision is made that the patient remains at home, the case is turned over to the family doctor.

They feel that this program is effective in keeping many out of the hospital and have now reached a point where no patient can be admitted to a mental hospital without the recommendation of this service. Due to the psychiatric first-aid service, the director said that "it is not likely that in the near future there will be a need for an increase in the number of beds in hospitals." Without a doubt, we have a lot to learn from them in terms of social psychiatry.

We must remember that the Netherlands has about 12,000,000 people and is less than one quarter the size of Arizona. In this small area there are 330 schools for the mentally retarded, 75 schools for maladjusted children, 25 orthopaedagogical institutions for the seriously maladjusted, 70 clinics, 4 state hospitals for the mentally disturbed and 30 institutions with almost 20,000 beds for the mentally defective. In addition, there are 51 centers for marital and family guidance and 19 that specialize in working with alcoholics. Further, there are 184 sheltered workshops with about 25,000 workers, and 39 mental hospitals with 25,000 beds for long-term care of the disturbed. The lesson seems to be, that "as our own population increases, so will our need for mental health services."

One of the most fascinating places visited was the International Institute for Education in Geneva. If one wants to learn what is being done in the United States, this is the best place to go. The Institute has collected information from throughout the world as to who is doing what, how, why, and for how much. It was interesting to browse through the rooms representing the less developed countries inside and outside of the Iron Curtain. The new and old African nations, wealthy as Saudi Arabia and as poor as Nigeria, have a primary problem of just fighting illiteracy. Only secondarily are they concerned with the basics of physical hygiene. They have not yet reached the level of development where they are concerned about mental health programs. Saudi Arabia, for example, now has a complete medical examination for each child at the beginning of each of four distinct stages of their training program.

Spain has an interesting program that they call "habituacion" and which is primarily psychological in nature and oriented "to form habits of character and personality and ways of thinking and behaving. The school is the most important place for this." There are three distinct divisions in this program including (1) deportment and behavior, (2) social, and (3) mental. This includes specific training toward developing skills and comfort in group participation and self evaluation.

Nigeria states definitely that governments may come and governments may go but the recognition for the need of a variety of educational and mental health services is stable in spite of governmental changes. Fortunately for them, UNESCO and Ford Foundation are providing special services and assistance that is rapidly increasing their basic educational foundation. Lagos, the national capitol, has just opened its first guidance and counseling clinic for children.

Looking closer to home, southeast from Florida, we see the influence of the most recent regime in Cuba. From our point of view, it is completely restrictive. All education is under rigid control of the government. It is interesting to note that the government handles education and has published a list of which authors are accepted in the schools and the number of copies to be published (all books published in the national publishing house). The number of Russian sounding authors is quite high. Only 14 books are currently being published that are related even remotely to the field of mental hygiene and the absolute numbers are small. A quick review of titles of some of these books is indicative of some of their emphasis. To list:

Soviet Psychology (30,000 copies)

Psychological Study of Children in Boarding School, author - Bozhovich (30,000 copies)

Darwinism, author - Dieselov (10,000 copies)

Psychology of Personality of the School Child, author - Boshovich (30,000 copies).

Two books on clinical psychiatry totaling 10,000 copies and a few other minor books were also published.

In reviewing their program developed by the Cuban Minister of Education, I could not help but be struck by the following statement on renewal of contracts to the teachers. "The contract of the popular teacher will be renewed, provided they have shown enthusiasm in the performance of their duties; efficiency in their technical work; taken cultural pedagogical and ideological improvement courses; participated in some manner in mass education; shown excellent moral qualities and have been active agents of the revolutionary process in the zone, maintaining their school council in function."

The general tone of the foreign clinic was quite depressing with the exception of the Netherlands, which has its own unique problem of an extremely dense population. Due to our relative wealth and emphasis upon the needs of the individual, our programs are in advance of what we can find in 99 per cent of the outside world.

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A PARISH CHURCH COPES WITH EMOTIONAL AND BEHAVIORAL DISORDERS

Rev. W. W. Riesberry

(The following paper was summarized in the November issue of the Newsletter. It has been submitted for complete coverage by its author.)

Several children who are affiliated with the parish church of St. George the Martyr, attend special classes at the local public schools, require specially trained teachers, and follow a programme adapted to their special learning problems.

In the church, on the other hand, these same children are mixed with brighter, more settled children; taught and led by persons who have had little training in their subject, in educational methods, in group dynamics or emotional problems; and are pressed into programmes which to a great extent are outlined from "headquarters" or aim directly at some goal or standard of performance apart from the real concerns or abilities of the children.

The results, of course, have not always been happy. For the most part church leaders and teachers, despite their good intentions and generous service, do not always know how to adjust either themselves or their programmes to the variety of children entrusted to them. A great deal of blame falls on the children, and the difficult children are gradually eliminated by one process or another; or the leaders and teachers, realizing their frustrations and inability to cope, resign.

These problems have forced the staff of the parish to develop in two directions:

1. The training of leaders and teachers to understand their own emotional problems and those of the children in their group.
2. The revising and devising of approaches and programmes with more consideration given to the emotional needs and learning capabilities of the children.

In regard to the first direction, an approach was made to the Toronto Branch of the Ontario Mental Health Association seeking for appropriate training for all staff and leaders in the church who were ready to be further trained. Our request was directed to the Ontario Association for Emotionally Disturbed Children who procured for us the services of Mr. John Brown of Warrendale. For the past three years, Mr. Brown has visited a group of leaders, teachers, and parents at the church for a series of five weekly sessions. Following introductory talks by Mr. Brown on the development of emotional problems, the meetings have been opened for the questions and problems of those present. The response has been enthusiastic to the point that leaders have attended from other parishes, community centres, and church training colleges.

The adults are growing more aware of abnormal emotional behavior and are beginning to approach their upset children with a more understanding or inquiring attitude. More useful conversations can now be conducted with workers of the Children's Aide, school authorities, and, not least, with parents. The parish has become a member of the Ontario Association for Emotionally Disturbed Children for continuing exposure to the experience and insights of others concerned with similar problems. Happily, further programmes are being proposed in order that this aspect of leadership training may be offered more widely and more intensely to future church workers.

In regard to the second, much more attention is being given to the misfits of the children's choir, Sunday School classes, and mid-week groups. Some years ago an attempt was initiated to bring counselling and tutoring services to elementary and secondary school pupils who were

dropping behind in their school performance. The results in several cases were remarkable. More recently this approach has been applied more widely, to assist children to progress and achieve in their scouting, guiding, and choir work. It has gradually become apparent that many children are in continual conflict with adults and peers, because of the expectations demanded of them. It has been our view that each of these children require an older person who will offer to him an understanding and helpful friendship.

Consequently, the children who are in special need of emotional care are apt to be found in small groups of two or three, as well as in larger groups of twenty or thirty. These small groups may be led by the Cub leader or his assistants, meeting from time to time to supplement the attention and progress possible in the regular full group. In this way achievement is within the reach of every member, and yet the bright members are not held back by the slower learners.

For two years a "big brother" and "big sister" programme has been developing within the church. A number of students from Trinity College, Toronto, have undertaken a close personal role, one to one, with children of the parish who have been under special emotional strain. A student plans with his or her child where and when to meet and what to do. Some meetings centre around the reading of a suitable book, the pursuing of a hobby, tutoring with music or school work, or a test in scouting or guiding, perhaps a visit to a public building, an afternoon at a matinee, attendance at a church service, or even a conversation about something important to the youngster. Some screening and supervision of the students is given by the parish staff.

The number of university students interested in offering one or two hours weekly in this kind of service has multiplied. It makes less demands than those required of a group leader, and yet it meets some of the real needs of the youngster. The students are made more aware of human need, which may possibly one day lead them to a more responsible social role. Gradually a child is helped through family, school, and group crises and finds his way back to more normal relationships.

In a parish church, love is both the goal and the means. Children with behaviour disorders cannot be shoved off.

Rev. W. W. Riesberry, Rector
Church of St. George the Martyr
Toronto, Ontario

PEOPLE AND PLACES

A Day Center for Severely Disturbed Children

Margaret J. Shodell

The typical child has the ability to plan his unorganized time. He has many choices, including creative play, either alone or with playmates, reading, riding a bicycle, roller skating, taking a walk or just watching television. All of these options are foreclosed to the severely disturbed child because of his inability to plan for himself. His unorganized time is often spent aimlessly wandering around, sitting and rocking, staring off into space, or having severe temper reactions. He cannot plan for himself, nor put his unorganized time to use properly and constructively. Therefore, it is axiomatic that the organized time of the disturbed

child must be maximized within a structured center and the unorganized time spent alone minimized. Despite this knowledge, many day programs for disturbed children are either geared to the length of day offered typical youngsters, or are even further limited in the number of hours of structured programming. Some schools have projects whereby a severely disturbed child stays for a few hours a day for less than five days a week, either in a small group or working alone with a tutorial helper. He is then sent home for the balance of the day where he is left to his own devices or in the care of his mother. The mother who is preoccupied with household chores and other children, finds it most difficult to plan constructively for this one child and to devote herself exclusively to him.

The facility and program described below is an effort to expand the concept of a school in the development of a total center where the child, who is atypical in development, can spend the greatest portion of his waking day in a situation where efforts are being made at all times to help him overcome his inadequacies. Rather than the traditional 5 hour school day, the child attends for 7 hours daily. Rather than the traditional 5 day week, the child attends 6 days a week. Rather than the traditional 10 month school year, the child attends for 12 months of the year. In this way, there is the ability to intervene for long time periods between the child and his bizarre behavior by introducing forms of activities that are interesting to him and that prevent bizarre behavior from appearing. It must be understood that the bizarreness in the severely disturbed child appears only when he is left to his own devices and where he finds an inability to plan appropriately, and therefore regresses to the behavior that helps him control his environment best when he is left to his own devices. By helping him for longer periods of time to understand the environment in which he finds himself, bizarre behavior gradually decreases. By constantly and consistently substituting more appropriate responses, bizarreness often disappears entirely.

The Nassau Center for Emotionally Disturbed Children is a day training center which has introduced such a broad program and a concept of total education for the severely disturbed child. The children who attend the Center come with a variety of diagnostic labels, such as autistic, schizophrenic, maturational immaturity, atypical development, maturational lag in development or any other characterizations that would indicate a child who is showing bizarre behavior, problems in communication, isolation, lack of interpersonal relationships, poor ego development and learning difficulties. There are, however, many universals. In the first place, every child enrolled in the program at the Nassau Center is a child who has been unable to function within the normal nursery school, kindergarten or elementary school class. They all present problems in home management; they all present problems in constructive self-planning. Impulse control is another universal amongst the children. Most of the children have varying degrees of communication difficulties ranging from mutism to an over-production of meaningless, garbled use of words. It is the realization that it was necessary to disassociate a program for disturbed children from the program of a typical school day or a typical school year for atypical children that led to the concept of the total center approach, rather than the limited school approach for the atypical child.

In order to help the child in a maximum way, a center must include all of the necessary and known treatments available to the professional who is working with handicapped children. When services are fragmented by being undertaken in various different locations, and by professionals not in contact with each other, it is difficult to present a program that will help the total child. Within the concept of the Center, not only is education a must, but included in the program are recreational therapy, speech and communication therapy, language stimulation and development, visual and auditory perceptual training, manual arts, constructive occupational therapy, social development, psychiatric and psychological evaluations, and help to the families through social service personnel. This total programming does demonstrate that a severely disturbed child can be treated within the community. He can remain a member of his own family. When total programming is offered to the child as described above, the family is now able to manage him during the portions of the day or the special holidays when he is at home.

Curriculum must be changed as well as program of hours, if a center is to function for the benefit of the child having learning and behavior problems. Rather than fit the child into a prescribed curriculum, this process must be reversed and a curriculum must be developed for the specific child. His specific needs should determine the program to be developed for him. Nevertheless, since the child will live within a group, no matter where he spends the rest of his life, he is assigned to a group. The group is small, never to exceed 7 children, and two teachers are in constant supervision of the group. The work day is divided into periods for group work and periods for individual instruction. In this way, the Center strives to educate the child to live within a small group, to relate to his peers and yet understands the specific need such a child has for learning. He learns best when he is alone and, therefore, periods for individual instruction are programmed each day he is in attendance. The program is structured to make the child become a responsible member of his group. Yet, the full awareness that he learns best when alone is never lost. The group work is supplemented by a period with the educational therapist where he is taught many different areas of broad learning skills. Since he also has a communication problem, a period each day is provided for in which he works alone with a language and communication therapist. The aim of the speech therapist is to develop not only good speech, but language and communication that will aid the child in coping with his environment. Thus, the role of education is seen as one of total education of the total child. Acquisition of factual material alone is not sufficient. The children are taught social living, the value of each individual, the value particularly of themselves as human beings. Education is defined by the Center program as education in its broadest sense. This education is used to change and modify behavior, to overcome isolation, to understand the environment and to mature and progress into adulthood with the ability for each child to care for himself.

No matter how sick a child may be, there are islands of health within him. It is the task of the Center to discover these islands, to use education to broaden the islands of health. Literally, it is important to build bridges between these islands so that the sick behavior becomes less evident and is replaced by healthy attitudes and healthy mannerisms.

The Groups

A child is placed into a group commensurate with his own age and functioning ability. There has been experimentation with many different forms of groupings, and it was found that this was the most beneficial for each member of the group. Curriculum is first planned on a long range basis with each group teacher. Knowing the level of the group, realistic goals are set for the year and then broken down into the five curriculum areas outlined below. The teachers then refine this by developing monthly plans so that there is a general idea as to what the groups will accomplish during the month. It is then further broken down into weekly periods for the group and for each individual child within the group. Supervising personnel work very closely with the teachers in each step of the plan. Stress is placed on visual and auditory perceptual training, since this will help the child understand the world around him. Pre-training is a very important part of the program and highly specialized pre-training programs have been started with all of the groups. Certain specialists within the regular teaching staff take different groups of children for sewing activities, print shop programs, manual arts programs, typing and office skills programs, etc. It has been found that staff members can take over specialties in which they feel competent and in which they have greatest strength.

The Curriculum

The curriculum at the Center is specifically designed for each group. Standard curriculum may be referred to, but the general categories for curriculum development are quite different. Within the normal schools whether the core curriculum approach is used, the individual subject matter approach, team teaching, or classroom subject areas, it still results in the average

child gaining a body of facts which can help him in further learning and maturation. The average child comes into the school with the home pre-training, learned and integrated, so that he is ready for the more formal process. This is not true for the severely disturbed child. He has not learned from his early years the skills, the knowledge and the modes of behavior absorbed by his more normal peers. Therefore, the curriculum must be different. Rather than the traditional learning areas as basic to the curriculum, curriculum at the Center is divided into broad areas based on the inadequacies in the maturation of atypical children. Areas for planning are now placed into such headings as:

1. Ego maturation and structure.
2. Social maturation and development (including both self-care and inter personal relationships).
3. Language and communication development.
4. Intellectual development.
5. Behavioral development.

Each of these areas is further broken down in terms of child development. Just as the normal classroom teacher is well versed in child development so that she can spot the level at which each child is functioning, so the teacher of the disturbed child must be aware of atypical child development so that she too can place the child at the level he is functioning. By knowing the level, she can then develop a program that will be meaningful to the child, that will start at the child's level of development and proceed from there. In every activity planned during the day, the teacher keeps in mind the five broad areas of development necessary for maturation for the severely mentally handicapped child. Programs cover not only academic learning, but also social learning, as well as recreational skills. From 9:30 to 4:30 the child is kept engaged in activities that have high interest levels for him and that has in mind the developmental maturation in any one of the five areas. Recreation is a learning situation where the child is taught how to enjoy sports, how to enjoy playground apparatus, how to use whatever is found in the outdoor world meaningfully. Within this situation, he also is taught group activities and group games. The day is divided up so that the child spends part of the day in group work, part of the day receiving individual instructions, part of the day in outside recreation, part of the day in manual arts training. It has been found that if the child is planned for and kept busy, bizarre behavior decreases dramatically. Only when left to his own devices does bizarre behavior reappear. The less opportunity the child has to revert to old mannerisms, the more these mannerisms become extinct. When the child is kept within a structured program, through to 4:30, then by the time he reaches home, has his dinner and goes to bed, he is not left in a chaotic situation where bizarreness will reappear. In addition, since there is a longer period of time within which help is given to him, greater development can occur.

The curriculum at the Center stresses and develops in each child a feeling of worthiness of himself. Just as the average youngster enjoys something he can do well and the praise he receives for it, so does the atypical youngster who has been labeled as autistic or schizophrenic. Many of these children have very well developed motor coordination abilities even though they may appear to be loosely put together. The apparent looseness appears to be primarily related to the child's lack of well integrated learning experiences. Knowing the island of health that exists in the motor coordination, it then becomes important to develop this so that the child is able to use those skills which are highly developed. Consequently, much opportunity should be given to the child to develop manual arts skills. The afternoon programs and the Saturday program stress this area of learning. It has been found that even the most immature autistic youngster can learn to use woodworking tools. Under proper supervision even the electric saw does not become a problem. While the child may not be able to go into industry, many of them will be able to function in a sheltered workshop. Even for those who may not reach this level of

functioning, he is becoming a happier child, more satisfied within himself because he can take part in a group activity and work with his hands in socially useful occupations. No matter where he may spend the rest of his life, it will be necessary for him to make some contribution to the society in which he finds himself and to present as little management problem as possible. By developing the strengths the child has, this simple gain can be made. Again, this can only be accomplished when the child is programmed for on a long continuous basis.

The Staff

It certainly is apparent that staffing can be a very major problem in such a program. As stated, the children are in groups no larger than 7 with 2 teachers for each group. Each child is programmed for individually with an educational therapist and a language and communication therapist. Each child has a program of recreational training and manual arts. One can readily realize that many personnel are needed. It has been found that if a staff is given sufficient support and training, there is no problem in recruiting and maintaining staff stability. By going out into the community and finding people who may be untrained, but instituting a strong training program, there can be a sufficiency of stable staff found. However, it is essential that supervisory staff be well-trained and experienced. These are the people who in turn will take over the support and training of the untrained staff.

Staff conferences are held every morning before children begin arriving. The total staff is given in-service courses in atypical child development, curriculum structure for atypical children, management and behavior problems within a classroom for severely disturbed children, methods and materials for the use of teachers of emotionally disturbed children, etc. Some mornings are spent with supervising teachers for the planning of the week's program and for the development of the plan book. This is a very important part of programming for severely disturbed children. Many day centers do not require teachers to plan for the group. This can result in a chaotic situation where the teacher herself has not organized a program well. To place a disorganized youngster within a disorganized situation can only create havoc. The environment must be well structured, well organized and well planned in order for the child to be helped to overcome his own disorganization. At all times, planning is realistic and meaningful so that there is a relationship between the teacher's plan book and the group she must handle. There is no child too sick to be precluded from planning. The result of the staff training program is that staff turnover has been minimal, and, at the moment, the Center has a waiting list of personnel who would like to be part of the program and benefit from the specialized training they may receive.

Clinical Staff

In addition to the regular teaching program, the clinical team, made up of the psychiatrist, psychologist, social worker, adds to the program both by discussing problems with the teachers, evaluating the children and working with the families. There is a close relationship between the home and the Center so that there can be a carry-over between the two. The psychiatrist also keeps in close touch with the child's supervising physician so that at all times there is knowledge as to the medications the child may be on and the Center, in turn, can report to the child's physician any observed changes in behavior. Close ties are also kept with the out-patient clinics and the hospital with which the Center is affiliated so that any additional evaluations needed for the children can easily be scheduled.

At clinical conferences, research studies are usually discussed. Research at the Center is related to teaching techniques and behavioral modification studies that may increase the efficiency of work with the severely disturbed youngster. The greatest emphasis in the last two years has been in programs of research for auditory perception, as well as language and

communication development. At the end of this year, there may be published some of the results we have found in the work we are doing in the areas of language and communication.

Future Plans

The success of the total center approach to habilitation has led to still a more concentrated program. The newer concept that we are going towards is now the community mental health center for children. Through state and federal grants the Nassau Center is in the process of building a new facility which will add a small residential unit to the existing program. The new building will accommodate 100 children, and of the 100, 25 of them will have residential accommodations at any one given time. It will now be possible for us to program for 7 days rather than 6 days, both for those children in the day program and those in residence. This will be a completely flexible arrangement without any period of time allocated to the child for a stay in residence. Length of stay will be determined by need of the child and his family. He will move quite easily from residence to home, since at all times he will be maintained in the full day program.

It is hoped that what has been described will be a stimulus for other community mental health centers for children. The concept of curriculum approach, with emphasis on total development rather than just acquisition of factual knowledge, should enhance the development of the severely disturbed child. If the children being serviced in special centers are exceptional and different, then the approach to the treatment and education must also be exceptional and different. The traditional school approach cannot be appropriate for the child who has failed within this setting. Only by taking the bold approach of changing concept and broadening programs, so that one facility can encompass the total education and treatment program for the children within that facility, can we then evaluate how much a severely disturbed child can be helped to mature and to become self-sufficient and independent.

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Problems and Problem Solving in an Agency School Program

Pietertje Rombout

When our family came to the United States from the Netherlands about six and a half years ago, my husband and I were faced with the problem of earning a living. I had been teaching for sixteen years in various grade levels in different schools and countries in Europe from elementary up to high school. My husband was a teacher in foreign languages, German and French. However, we couldn't teach here in the U.S. — that is, not immediately. So it happened that we both started to work as house-parents at a center for emotionally disturbed children in Seattle — the Ryther Center. It was hard, strenuous, discouraging, heartbreaking but "challenging" (an expression the American people are very fond of) work. Nevertheless, it was our first introduction to AMERICAN EDUCATION.

At that time two teachers were employed by the Seattle School District in the agency and about fourteen children attended. After having worked for fifteen months as a houseparent, attending education classes at the local university meanwhile, there was need for a third academic teacher, and I was fortunate enough to obtain that position. Before explaining the present school

program, it is necessary to know something about the center and the children.

The Agency Program

Ryther Center is a treatment center for emotionally disturbed children who range in age from six to eighteen years. Their records report almost the complete symptomatology of human maladjustment.

There is the child of emotionally upset parents who are demanding his removal from the home because of his destructiveness and defiance. There is the child who has been removed by court order from unfit parents, or abandoned by ineffectual ones and who has subsequently been placed in a series of institutions and foster homes, only to be rejected by each in turn. There is the child expelled from school and in disgrace in his neighborhood whose devoted and often overprotective parents can not understand what all the neighborhood complaints are about. There is also the child of apparently adequate and responsible parents who frankly do not know what to do in the face of his increasing maladjustment.

In many of these cases there is the typical form of behaviour difficulty known as "delinquency," but there are many where no anti-social act has occurred but where the child has anxieties and fears making his continued adjustment to a normal group impossible.

Present sources of referrals include social agencies, the courts, the public schools, churches, playgrounds, private physicians, private psychiatrists, and individual community citizens. An increasing number of referrals are coming directly from parents who have heard about the program through newspaper articles, public speeches, or a neighbor's comment.

The School Program

At the moment (December, 1966) there are forty-four children in residence, divided over two treatment institutions. Of these forty-four children, thirty-eight are enrolled in the school program. Total school enrollment is forty-two, including four children who are attending as outpatients. An interview schedule with a caseworker is set up for each child, including the outpatients. Often the interviews are during schooltime, thus giving teachers an opportunity to work more intensively with the remaining group.

The district currently employs five academic teachers in the Center: two are teaching in primary grades, with eight students each; the other three in intermediate, junior high and high school with nine, nine, and ten students respectively. Besides an academic program, an extensive art and craft program is conducted each day, attended by each student for at least one hour a day. The morning is generally used for the teaching of solid subjects; the afternoon for manual activities in the classroom correlating with the solid subjects, plus drama, music, films and physical education.

Most of the children show learning disabilities of varying degree, which are an integral part of their disturbances. Many of the children are two or three years behind in their grade achievement. Irving Harris, in Emotional Blocks to Learning (1961), mentions that this symptom of learning difficulty occurs much more frequently in boys than in girls, with a ratio over the years of boys to girls as seven to one. Currently our enrollment is forty-two — twenty-six boys and sixteen girls.

The Learning Problem

Teachers use the term "learning problem" to describe children who do not "pass" in

school. When a child produces failing work but is known to be capable of passing, he has a "learning problem." As long as he passes in his work, but it is known that he could do much better, he is labeled as "not working up to capacity." In the first instance, the capacity to learn is greatly damaged, the learning process is not functioning. In the other, the learning process is intact, the capacity to learn is not damaged, but rather there is an impairment of production. However, many severely disturbed children, who might be expected to have a learning impairment, do well in their schoolwork. What happens in the classroom is certainly of importance.

Some of the factors are not part of the specific emotional problem and influence the academic learning experience. They include the level of accomplishment which is possible for the child, the quality of gratification that the schooling provides him, the degree of emotional protection the child experiences in the classroom, and his attitude toward competition. All of these, plus the teacher's and caseworker's expressed covert attitude toward school, go into forming the totality of the emotional climate in which the child experiences the academic process.

Anxiety is another factor that could interfere with the learning process; a child showing resistance to being educated is another variation of a learning disability. But keep in mind that the learning problem for a child is one of his lesser worries in life. A fact which is usually overlooked and hard to understand for a teacher who has had his teacher training in colleges and departments of education at universities, but is not equipped to understand or teach the emotionally disturbed child. This problem has been encountered many times. Teachers, for instance, have not thought themselves competent enough to cope and deal with the child's problems, have asked for transfers. This resulted in a rather regular turn-over of teachers — something by which the children and the agency certainly did not benefit. (In the state of Washington no special certification is required for teachers of emotionally disturbed children, although districts with programs are building in-service courses for such teachers.)

Communication between teachers and agency staff has changed markedly over the past several years. In the beginning; with only two teachers, the teachers felt extremely isolated and unsure of what they wanted to communicate, or with whom they wanted to communicate. With growth to six teachers on the staff, we think we have a far better communication system. Once in a fortnight the teaching staff and one member of the residential staff, usually a supervisor of caseworkers, have a meeting together, where the residential staff member explains the treatment of the child from the therapeutic point of view. The teachers usually have prepared a list of questions, complaints, and sometimes disagreements. As a result of these meetings a deepened respect is growing on the part of the therapeutic staff towards the teaching staff and vice versa. Since our philosophy has become clearly one where education is considered primary in the healthful development of disturbed children, the agency staff has become much more interested and aware of the teacher's role and function. In addition, every teacher attends a staff meeting whenever one of his students is being staffed. The psychiatric consultant gives advice and orientation to the dynamics of the given case and suggests methods and procedures of treatment and education.

The educational program in a residential treatment institution should aim at developing the educational and vocational potential of the children. The disturbed child frequently has intact areas of intellectual functioning and interests that one should capitalize on. The school curriculum is varied in that it includes academic and art and craft activities that are capable of capturing most of the students. Nevertheless a great need is felt for the establishment of a workshop for the older boys; plans are already being discussed.

Each afternoon some time is spent on physical education activities. Unfortunately, there is no covered area and Seattle is noted for a damp climate, so these activities are limited to occasional days in the summer, late spring, and early fall. The program also includes a great deal of individual tutoring and remedial services. Once the interest and motivation become apparent, every effort is made through the classroom teacher, tutoring, and remedial service, to help the child reach his goal.

The process of returning the child to a public school setting is most vital. Use of different schools, teacher selection, gradual introduction and liaison are all important. How the school and teacher are introduced to the child as well as vice versa, has to be considered. This is usually the first major change during placement and the child's first step in returning to community living. He realizes that the next major change will be discharge from residence.

The Teacher

Teaching emotionally disturbed children is an exceptionally difficult job; it does not matter what grades or subjects one is teaching — one encounters frustrations and anxieties. Sometimes it is very discouraging; sometimes it is very rewarding; but it is always "challenging," and there is never a dull moment for the person who takes up the challenge.

Over the past six years I have noted a few qualities I consider necessary to good functioning as a teacher of emotionally disturbed children:

1. Be patient.
2. Be consistent.
3. Have a structured program well prepared.
4. Establish routine. Nothing upsets children more than a varied schedule.
5. Be tolerant of deviate (unschool-like) behaviour.
6. Be flexible.
7. Be spontaneous.
8. Be honest. (Apologize when you notice that you have treated a child unjustly.)
9. Set and hold limits clearly defined.

But above all:

10. Give what you can give in the way of love, support, respect, admiration, friendship, and loyalty.

and last, but not least:

11. Keep your sense of humor.

Pietertje Rombout
Head Teacher
Ryther Center, Seattle

Special Programmes in Toronto Public Schools

Joan E. Bowers

The Board of Education of the Township of Toronto, Cooksville, Ontario, has a school

population of approximately 22,000 students of which 16,000 are at the public school level. There are 20 special classes in the public schools to help children with learning and behavioural difficulties. The majority of these special classes are of the opportunity type for slow learners. Three, however, are designed to accommodate other special problems.

Two of these three classes have an enrollment of only six children each; these children appear to have learning problems stemming from emotional factors. Their behaviour in a regular classroom was found to be of sufficient concern that their continued presence in such a setting was deemed to be neither beneficial to themselves nor to their peers, for whom their actions seemed an intolerable and disrupting influence.

Each of the children of these two classrooms appears to have one or more of the following disorders: lack of dominance or mixed dominance, a high degree of distractibility, a low point in frustration level, aphasoid symptoms, temporary loss of hearing, cerebral palsy, perceptual difficulties or extreme speech problems. In some cases a noticeable lack of independence is also evident, perhaps occasioned by well meaning but overly sympathetic parents. Their level of intelligence as measured by an individual test is varied and ranges from borderline defective to high average.

Because of the sensitive temperaments of these students and their unpredictable reactions to ordinary stimuli, these easily distractible children require a programme which is flexible and relative to their needs. A guide in dealing with them has been obtained from study of the methods advocated by Newell Kephart and Elizabeth Friedus. Because of their various disabilities a number of approaches are found to be advisable. Drills, with variations in presentations, designed to engage the sense avenues which appear to be intact, not having suffered impairment, are employed: a kinaesthetic approach is often used involving touch, taste, sound, etc. Each subject of study is fragmented to find the missing links and details that a child has missed because of his particular impairment.

It is found that motivating these pupils is a problem, because this type of child appears to find conventional methods of teaching uninteresting; therefore, the teacher has to exercise resourcefulness and is forced to find unique methods which appeal to these children. Unusual amounts of tactful handling are also required when dealing with these children whose sensitive natures often find a word or action a threat to their self-picture or self-esteem. Results from the operation of these two classes have been gratifying; it is now expected that some of these children will be able to return to a regular classroom after a period of one or two years in this special programme.

The third class which was of an experimental nature was started in September 1964; it was composed of sixteen children, who were approximately ten to twelve years old, who had from average to above average intelligence (I. Q. scores ranged from 90-119) as measured by conventional methods, but who had extreme difficulty and very little success with reading in the regular grades. These children were, in addition to the reading difficulty, chosen by the educational administrators, to be part of this class because of their unusual behaviour problems and maladjustment in the regular classroom. It was their aim to determine what particular methods of training might be used in best assisting these children who exhibited specific reading disabilities. From observing and working with these children, it has been postulated that the difficulties these children experience in reading result from poor auditory and visual perception, a lack of dominance and in some cases a poor grounding in the basic skills. Common to all these children seems to be a distinct lack of confidence, a very noticeable desire to avoid making any decisions or in any way developing independence, as well as a very limited ability to concentrate. A high degree of comprehension, however, is apparent when reading material is presented orally. Since the attention span of these pupils is very limited a tremendous amount of supervision is required in the correction of errors and completion of assigned tasks.

The methods employed by the teacher included (1) finding the level where the child

found success in reading (which in most cases was Grade 2), (2) much drill in auditory perception, (3) consistent insistence on every piece of work being completed correctly, and (4) an atmosphere denoting empathy and respect for each child as an individual human being with assets and failings.

At present, it would appear that thirteen of these sixteen children after 1 1/2 years in the Remedial Reading Class are considered to have made notable achievement and are now presumed to be sufficiently rehabilitated to return to the regular classes at their own level, the remaining three are deemed to need further special programming.

The Board of Education of the Township of Toronto has carefully selected its personnel for these three Special Classes. Besides having had teaching experience in Kindergarten and elementary grades, as well as in the specialized fields of remedial reading and speech therapy, these teachers, collectively, have taken courses in Primary Methods, Auxiliary Education, Guidance, Music, Arts and Crafts. Especially helpful were the courses in Neurological Impairments, Disorders of the Central Nervous System, and Speech Disorders.

The Board of Education of the Township of Toronto is proud of the success of these three classes and their able teachers.

Joan E. Bowers
Inspector of Schools
Toronto, Ontario

A Generic Program for Training Resource Consultants

George Fargo

The University of Hawaii is instituting a generic program for training resource-consultants in the education of exceptional children. The program is planned to meet the critical need for more personnel and improved quality of services. These specialists can provide technical assistance, to help the regular classroom teacher deal more effectively with exceptional children. They will need to be on a salary and prestige level comparable to present day supervisory personnel.

The training program will be interdisciplinary and will provide a broad range of experiences in clinics and classrooms with handicapped children of varied ages and problems.

As this program represents an innovation in special education we have listed some advantages of this approach:

1. Children do not fit into discrete categories.
2. Greater probability of recruiting and retaining personnel.
3. Greater versatility of personnel who can work with varied age and disability groupings.
4. Trained personnel who are able to see overlapping conditions and are aware of the difficulties of forcing children into categories.
5. Multidisciplinary training provides a broader range of techniques and experiences which can be translated into classroom practices.

6. Some elements of the training program will be of value to the regular elementary and secondary school teacher to enable them to maintain exceptional children in regular classrooms.

7. This program is especially possible in Hawaii because of the close cooperation between the State Department of Education and the University.

Some disadvantages can be foreseen in this approach:

1. The danger of over generalization so that students may not get down to the classroom level.

2. The shortage of qualified college staff, budgeted positions and multi-disciplinary cooperation.

3. The difficulties in changing existing educational structure — administrative and operational.

There is no intent to substitute the resource-consultant for the special class teacher. On the contrary it is recognized that there are some children who may be better served in special class under the direction of a special class teacher. There are, however, far greater numbers of exceptional children who can be maintained in a regular class with the support of a resource consultant.

George Fargo
Director of Special Education
University of Hawaii

Third Annual Conference — Syracuse University

The "Teaching Learning Process in Educating Emotionally Disturbed Children" will be the theme of the third annual conference to be held on the Syracuse University campus March 3 and 4.

Speakers will include Dr. Ralph D. Rabinovitch, Director of Hawthorne Center in Northville, Michigan; Dr. Maynard Reynolds; Dr. William M. Cruickshank; and Dr. Edmund Amidon of Temple University. Registration, \$3.00, will include a printed copy of the Proceedings.

Persons interested may write to Dr. Peter Knoblock, Associate Professor of Special Education, Syracuse University, Syracuse, New York, for further information.

Polk County Workshop on Learning Disabilities

Speakers and consultants from the Florida State Department of Education and from the local universities will participate in a Workshop on Learning Disabilities being planned by the Polk County Council of the Council for Exceptional Children. The meeting will be held February 3 and 4.

Internships and Fellowships in Clinical Psychology

Applications are now available for the Pre-doctoral Internships and Post-doctoral Fellowships in Clinical Psychology offered at the Pennsylvania branch of The Devereux Schools, a group of residential treatment, remedial education and rehabilitation centers, located in suburban Philadelphia. The program covers a full-time 12-month period of training and experience with mentally retarded and emotionally disturbed children, adolescents, and young adults presenting problems of learning and of personal adjustment. Devereux is approved by the American Psychological Association for doctoral internships in clinical psychology and also in counseling psychology. It is approved as an accredited Counseling Center by the American Board on Counseling Services.

Multidisciplinary training and supervised clinical experience is offered in psychodiagnostics, psycho-educational evaluations and remedial procedures, psychoanalytically-oriented individual and group psychotherapy, and in related research. Experience is also provided in clinical case conferences, in milieu therapy and residential treatment and rehabilitation techniques, and in administrative practices. Additional opportunities for supervised clinical experience are offered in the outpatient program of mental health consultation and psychological services provided by Devereux to the local public schools and community agencies. Summer assignments to Resident Treatment Camps may also be possible.

Preference will be given to pre-doctoral applicants currently enrolled in, or graduated from, APA approved clinical psychology programs at accredited universities. Post-doctoral applicants must have adequate clinical preparation for the advanced training experience of the Fellowship, including a prior full-time internship or equivalent experience. Stipends ranging from \$3,600 to \$6,000 (\$3,600 is tax exempt) are available to qualified applicants who are U.S. citizens. Room and board is provided without charge to unmarried trainees and a housing allowance of \$50 per month is granted to candidates who are married. The training program is supported, in part, by a grant from the National Institute of Mental Health, U.S. Public Health Service.

Information and applications are available from Dr. Henry Platt, Director of Training, Devereux Foundation Institute for Research and Training, Devon, Pennsylvania. Telephone: 215 MURray 8-2600.

Professional Workshop Day — New York University

Teachers of Emotionally Disturbed Children, the 125E Graduate Program at New York University, met on Saturday, December 10, in a professional workshop. Students, graduates and faculty staff of the Program met together at Loem Center for a full day to share information about the specific ways in which the curricular content of the program is currently being applied in specialized school programs for seriously disturbed children.

Graduates brought with them children's work, curricular data, and other data that gave evidence of how children in their classes have responded, what has helped a child to "move" and what invites re-consideration in teaching.

It is hoped that a further report will be prepared for a future issue of the Newsletter.

Billings — Model Classroom Conference

Lyle L. Miller, University of Wyoming, participated in the December 4-5 conference on the "Model Classroom" in Billings, Montana. The project, set up on a regional basis to

study the needs and functions of a model classroom, has been sponsored under a federal research project.

"The fact that they did include a specialist in guidance and counselor education to comment on the pupil personnel implications of classroom planning," Mr. Miller commented, "certainly does show the recognition of some of the leaders in this field of the role which guidance, psychology and mental health play in sound school programs. A study of the environmental factors which influence the mental health of students was also made.

Mr. Miller is a Department Head in Guidance and Counselor Education at the University of Wyoming in Laramie, Wyoming.

DIVISION NEWS

Nominations Committee Chooses Trippe and Haring

Candidates for vice president of the Council for Children with Behavioral Disorders have been selected and will be voted upon during the coming month. Matthew J. Trippe, Professor of Education at the University of Michigan, and Norris Haring, Professor of Education at the University of Washington, have been named. Ballots are being sent out with the current issue of the Newsletter and should be returned to Election Committee Chairman, Steve Herczeg, before March 15. Returns will be announced at the annual convention, March 26-28. Peter Knoblock, who has held this position, will advance to the office of president-elect, with Kris Juul being installed as president at the concluding general session on March 28.

Miss Beverly Kochan, Principal of the Children's Treatment Center, Madison, Wisconsin; and Dr. Eleanore Westhead, Assistant Professor of Education, University of Virginia, have been nominated for the office of Secretary, to succeed Margaret Otto who is completing a two year term.

Two members-at-large will be elected from the floor at the convention for a one year term. Currently those positions are held by Linda Seppanen and F. E. McGahn.

The Nominating Committee, chaired by John F. Mesinger, included Claude Marks, Jack Dinger, Jack Cawly, and Arthur Alper.

Legislative Committee Report

"The biggest news from the last session of the 89th Congress," reports Legislative Chairman John Mesinger, "is the creation of a Bureau for Exceptional Children on November 3.

"The next Congress must appropriate funds. Hence, every member of CCBD ought to advise his Senators and Congressmen of his interest in this legislation.

"The attraction of top-drawer personnel is a must for it to survive the organization years."

Other legislative news, thoroughly reported to all members in the CEC Journal, Exceptional Children, and the November issue of Alert, includes the following major gains for

the handicapped:

Funds were earmarked (Title VI) by the Elementary and Secondary Amendments of 1966 (HR 13161) for handicapped children and youth, including the seriously emotionally disturbed, who require special education and related services. The authorization for \$50 million for the first year (ending June 30, 1967) and \$150 million for the second year will be distributed among states which submit a state plan initiating, expanding or improving programs or projects, including pre-school programs and projects, in special education. The same amendments establish a National Advisory Committee on Handicapped Children and establish a bureau for the education and training of the handicapped in the US Office of Education, thus consolidating the many disbursing agencies for special education into one centralized unit.

Title IV of Public Law 89-511 provides for grants to states to institute library services to "(a) inmates, patients, or residents of penal institutions, reformatories, residential training schools, orphanages, or general or special institutions or hospitals operated or substantially supported by the state, and (b) students in residential schools for the handicapped (including mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled, or other health impaired persons who require special education)" also operated or supported by the state. State plans will be necessary for approval of funds to states.

For special education, the 89th Congress has been most generous. The real significance of the legislation will be felt in the increased number of rehabilitated atypical children and youth.

Speakers Bureau Response

The appeal sent out by President-elect Kris Juul in the November issue of the Newsletter for persons to sign up for the CCBD Speaker's Bureau resulted in responses from more than one hundred persons in various parts of the nation. The list has been arranged by regions and is published as a separate item with the current issue of the Newsletter for January. Additional names will be included in the later issues.

The Speakers Bureau is a list of members of the organization who felt willing, able, and competent to talk to groups that are interested in the purposes for which the division exists.

Groups that wish to contact any of the speakers listed should make direct contact with the person whom they wish to hear. The problem of honorariums and reimbursement for expenses in connection with speaking engagements should be handled on the basis of the unique circumstances of the individual situation.

Regional Development Committee Moving Toward Action

The regional questionnaire submitted to members with the November issue of the Newsletter, has brought gratifying response, Co-chairman George Von Hilsheimer reported recently, but it will take until the end of the year to make a more objective evaluation.

Following evaluation, the committee co-chairmen, Linda Seppanen and Mr. Von Hilsheimer, will take steps to contact key persons in different regions with the responsibility of setting up local workshops, study groups, and conferences dealing with the problem of education of the emotionally disturbed.

Yearbook on Way

Articles submitted for the 1966-67 Yearbook have gone out to Associate Editors for reading preparatory to publication, it was reported recently. In addition to the professional material, plans call for inclusion of the 1966 convention minutes and a sketch of the 1966-67 officers.

Dr. John L. Johnson, Syracuse University; Mr. Merle Van Dyke, George Washington University; and Dr. Norris Haring, University of Washington are on the editorial staff.

Publication is scheduled for early spring, according to Publications Chairman and editor June Peterson. This will be the third Yearbook published by the Council for Children with Behavioral Disorders.

WORTH READING

Intervention Approaches in Educating Emotionally Disturbed Children

Peter Knoblock, Editor. Syracuse, New York: Syracuse University Press, 1966. (\$2.50)

Proceedings of the second annual conference held on the campus of Syracuse University on the education of emotionally disturbed children are available in this volume.

Articles by Carl Fenichel, "Psycho-Educational Approaches for Seriously Disturbed Children in the Classroom"; Matthew J. Trippe, "Educational Dimensions of Emotional Disturbance — Past and Forecast"; Richard J. Whelan, "The Relevance of Behavior Modification Procedures for Teachers of Emotionally Disturbed Children"; Fritz Redl, "Designing a Therapeutic Classroom Environment for Disturbed Children: The Milieu Approach"; Arthur A. Seagull and John L. Johnson, "Consultation for Teachers of the Emotionally Disturbed"; and William C. Morse, "Public Schools and the Disturbed Child" should be of interest to teachers of disturbed children in the special class or to regular class teachers who include disturbed children in their rooms.

Among others of interest, Richard Whelan's article explores various procedures or techniques utilized in changing the child's behavior or responses. He urges time to identify and solve the behavior problems — stating that "proof of which intervention approaches are more effective in solving behavior problems will be discovered only when such problems are solved."

Articles on Emotionally Disturbed Children in Children, November-December, 1966

Three articles dealing with emotionally disturbed children appeared in the November-December, 1966, issue of Children, a publication of the Children's Bureau, US Department of Health, Education, and Welfare.

Two of them are especially informative for teachers. "Keeping Emotionally Disturbed Foster Children in School" by Walter Ambinder and Louis H. Falik presents the case history of Harold as worked out by the Detroit Foster Homes Project. The project staff concentrated efforts in providing effective support for the child in school; contact with the school; clarification of the role of the foster parents in relation to those of school officials, direct service to

classroom teachers and supplementary diagnosis and tutoring.

"Teaching Emotionally Disturbed Children" by Shirley Cohen, established five principles which would alleviate the "first-year shock" of beginning teachers. They include:

1. The teacher will do much better if she understands that what disturbed children need is someone who can be stable and orderly in the midst of their disorder.
2. The teacher of disturbed children will do much better if she comes to expect the unexpected.
3. The teacher will do better if she expects and accepts little progress in some of the children for the first few months.
4. The teacher will do better if she learns to attend to and understand nonverbal communication, her own as well as the children's.
5. The teacher will do better if she reexamines everything she does in the classroom in the light of the questions: Is this really worthwhile? Is it really a good way to achieve what I intend?

Miss Cohen urges reexamination into communications between teachers and children and individual planning for troubled children by a team of mental health specialists and educators.

Accelerating Growth in Reading Efficiency (due in January)

A handbook of resources and suggestions for teachers in the developmental reading program from junior high through college will be published by Burgess Publishing Company on January 1. The author, Lyle L. Miller, University of Wyoming, has indicated that it is a revision of an earlier publication, "Teaching Reading Efficiency" and represents an updating and expansion of information and resources.

When We Deal with Children: Selected Writings

Fritz Redl. New York: The Free Press, 1966.

A collection of articles that have appeared in specialized journals have been put together in this latest volume which give the reader the teachings of Fritz Redl in such various topics as: "Life Span Interview," "Therapeutic Milieu," "Therapy Groups," "Discipline of Classroom Practice," staff procedures, etc.

The chapters, or more properly, articles, are generally easy to read. We would recommend especially the chapter "Group Emotion and Leadership" in which he develops his ten types, then goes on to explore each. The applications to education can be useful to the practicing teacher.

The last unit, introduced as "Serious, But in a Lighter Vein" explore his thinking on preadolescents, delinquents, and the disadvantaged.

A complete list of publications by the author — from 1931 to 1965 — concludes the book.

Some Approaches to Teaching Autistic Children

A Collection of Papers, Edited by P. T. B. Weston for the Society for Autistic Children.
London: Pergamon Press, 1965.

Eight papers, several of them reprinted from Special Education, have been included in this book as an attempt to present the experiences of pioneer teachers in their involvement with autistic children.

Chapters include the following: Helene S. Arnstein, "An Approach to the Severely Disturbed Child"; Margaret Lovatt, "Autistic Children in a Day Nursery"; P. Mittler, "Education of Psychotic Children. An Account of Work at Smith Hospital, Henly-on-Thames"; G. D. Clark, "An Education Programme for Psychotic Children"; A. Singer and R. H. Nicholls, "Non-Learning Children — A Preliminary Evaluation"; "Aphasic Children in a School for the Deaf" by the head teacher of a school for nursery deaf children; Sybil Elgar, "A School for Autistic Children"; and Michael Rutter, "Medical Aspects of the Education of Psychotic (Autistic) Children."

The study by Dr. Rutter indicates the key which the Society for Autistic Children believes may open the doors of education for these children. He states, "Theirs is a common handicap — the inability to understand language. As they overcome this basic handicap they measure their progress toward normality."

Autistic Children

Lorna Wing. Published by the National Association for Mental Health in cooperation with the Society for Autistic Children, 39 Queen Ann Street, London, W.I.

Autistic Children is a companion booklet to accompany Some Approaches to Teaching Autistic Children. It has been developed for the guidance of parents who have learned that theirs is an autistic child. It is also of value to others who work with the child — teachers, medical personnel, social workers, etc.

An intensive description of the syndrome sometimes variously termed childhood psychosis, childhood schizophrenia, infantile autism, Kanner's syndrome, severe emotional disorder, and aphasia with behavior disorder is given. The term childhood autism is selected by the author. After describing in detail different forms of behavior, attention is given to the fact that many normal children have these same habits, but that they more quickly "grow-out" of them. Common features of behavior include delay in speech development, social withdrawal, special use of the senses, abnormalities of movement, unusual uses of objects, and intensive dislike of change.

Other areas of study deal with theories of cause and management of the autistic child.

Very briefly, the pamphlet concludes with a section on services and suggestions for the future, detailing the resources available in Great Britain. It is, unfortunately, not dated.

WANTED. Brief paragraphs (250-500 words) detailing practical techniques for dealing with disruptive behavior by teachers in the field. Specify whether used in special classes in a public school, regular classroom, institutional classes, or tutoring situation. Include grade or age level of students; name and address of teacher.

Submit to Editorial Office, CCBD Newsletter, 9236 Renton Avenue South, Seattle, Washington 98118, before February 28 for inclusion in the Spring Newsletter.